

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
57305-0403

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3	1		1				53					
4		1		1			54					
5		2		1			55					
6		2		1			56					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			2									
TOTAL DEP.			7									
TOTAL CLAIMS			9									